APPLICATION FOR REASSESSMENT
PROPERTY DAMAGED OR DESTROYED BY MISFORTUNE OR CALAMITY
COUNTY OF LOS ANGELES, RICK AUERBACH, ASSESSOR
500 W. TEMPLE STREET, LOS ANGELES, CA 90012-2770

THIS APPLICATION <u>MUST</u> BE FILED WITHIN 60 DAYS OF THIS DATE OF NOTIFICATION

MONTH / DATE / YEAR

In accordance with Section 170 of the Revenue and Taxation Code of the State of California, I hereby apply for a reassessment of the following described property which was damaged or destroyed through no fault of my own.

THE DAMAGE WAS AT LEAST $10,000.

Address of Damaged Property _____

CITY

Type of Damaged Property:
- ☐ Real Property
- ☐ Business Personal Property
  - ☐ Inventory   ☐ Personal Property   ☐ Fixtures
- ☐ Boat or Aircraft

If available from Tax Bill please indicate:

☐ Secured Tax Bill   Map Book _____ Page _____ Parcel _____ Tax Rate Area _____

☐ Unsecured Tax Bill   Assm't No. _____ Index No. _____ Bill No. _____

☐ Unsecured Tax Bill   Boat or Aircraft Registration No. _____

1. Date the damage occurred: _____ Date repaired: _____

2. Type of property damaged or destroyed consisted of: _____

3. Damage was caused by: _____

4. Describe the damage: _____

5. The amount of damage to Real Property $_____

   The amount of damage to taxable Personal Property $_____
   (Do not include household furnishings or personal effects.)

6. If you acquire repair bills or estimates, please attach copies.

   (This request does *not* extend the 60-day filing requirement.)

   If you acquire repair bills or estimates after filing this application, mail copies to the above address.
   Attention: MCU Room 286

   We strongly recommend that photographs of the damaged property be taken. If copies of the photographs are enclosed with the application for reassessment, the Assessor's Department will be able to process your application more quickly.

If my property is reassessed, and taxes have been paid, this application shall constitute a claim for refund.

I declare under penalty of perjury that all of the foregoing statements are, to the best of my knowledge, true and correct.

Applicant's Name (please print) _____

Applicant's Mailing Address _____

City _____ Zip Code _____

Phone (from 8:00 a.m. to 5:00 p.m.) _____

Applicant's Signature _____ Date _____

ASSESSOR'S USE ONLY	DATE OF FILING:
	T.R.A.
	MAP BOOK
	PAGE
	PARCEL

MAIL TO ABOVE ADDRESS! ATTENTION: MCU ROOM 286

USE REVERSE SIDE FOR REMARKS AND ADDITIONAL INFORMATION

76A636C ADS-820 (REV. 5/02)